

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                     |  |                                                                                                |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>                                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00504530                                              |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |

|                                                                              |                             |                                                                                                                                                                     |
|------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Opn Sesame</b>                                      |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 19 / 2018</b>                                                                                |
| Mailing Address <b>2303 14th Street NW<br/>Suite 414</b>                     |                             | Amount<br><b>1614.06</b>                                                                                                                                            |
| City<br><b>Washington</b>                                                    | State<br><b>DC</b>          | Zip Code<br><b>20005</b>                                                                                                                                            |
| Purpose of Expenditure<br><b>GOTV Phones</b>                                 | Category/Type<br><b>004</b> | Transaction ID : <b>001</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 19 / 2018</b>                                                        |
| Name of Federal Candidate<br><b>Rossi, Dino, , ,</b>                         |                             | Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>3015648.43</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2018 <input type="checkbox"/> Other (specify) ▶                   |

|                                                                              |                             |                                                                                                                                                                     |
|------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>dmm Media</b>                                       |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 19 / 2018</b>                                                                                |
| Mailing Address <b>1911 N. Fort Meyer Drive<br/>Suite 400</b>                |                             | Amount<br><b>17387.97</b>                                                                                                                                           |
| City<br><b>Arlington</b>                                                     | State<br><b>VA</b>          | Zip Code<br><b>22209</b>                                                                                                                                            |
| Purpose of Expenditure<br><b>Media production</b>                            | Category/Type<br><b>004</b> | Transaction ID : <b>002</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 19 / 2018</b>                                                        |
| Name of Federal Candidate<br><b>Schrier, Kim, , ,</b>                        |                             | Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>3033036.40</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2018 <input type="checkbox"/> Other (specify) ▶                   |

|                                                            |                 |
|------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>19002.03</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                 |
| (c) TOTAL Independent Expenditures.....▶                   | <b>19002.03</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 20 / 2018**

Signature